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CONFIRMATION NO. 7240

<b>SERIAL NUMBER</b> 10/565,175	<b>FILING OR 371(c) DATE</b> 06/01/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> CS-8727/BCS033051	
<b>APPLICANTS</b> Peter Dahmen, Neuss, GERMANY; Ulrike Wachendorff-Neumann, Neuwied, GERMANY; Rolf Pontzen, Leichlingen, GERMANY; Wolfram Andersch, Bergisch Gladbach, GERMANY; Lutz Assmann, Langenfeld, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/08073 07/20/2004 <i>Am 418</i>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10333371.1 07/23/2003 <i>Am 418</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/07/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Althaus</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 34469					
<b>TITLE</b> Fungicidal agent combinations.					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		